

ST-556-X Amended Sales Tax Transaction Return

(For Vehicles, Watercraft, Aircraft, Trailers, and Mobile Homes)

			ES//_ NS CA DPRC TL EC		
Read this information first Everyone must complete Parts 1, 2, and 5. You must also complete Part 3 if you believe you have overpaid. Part 4 if you are changing financial information. Part 1: Identify your business IBT no. Illinois business tax number Original tax return no. Business name			Do not write above this line. Amount you are paying: \$		
1 2 3 4	The date of delivery was incorrect. The correct date is I made a computational error on Lines 3 through 14 of my original return. The buyer returned the vehicle and cancelled the deal.	5	There is an error in the buyer's name or address, the vehicle description, or the trade-in description. Write the the correct information on the lines below. Buyer's name		
-	Answer the following questions No credit will be issued until Part 3 is complet you collect the overpaid tax from the buyer? Ou answered "yes," did you unconditionally refund the overpaid tax	te.	u believe you have overpaidnono		

Please turn this page over to complete Parts 4 and 5.



REV 03 FORM 017 Station 312

Part 4: Correct your financial information Complete this section only if you are changing financial information.

Penalty and interest information

If you were assessed penalty and interest on the original Form ST-556 that you filed, we will take those figures into account when we compute your amended return. Do not include penalty or interest in the figures you write on any of the lines in Column A or Column B below.

Please round to the nearest whole dollar.		Column A Most recent figures filed	Column B Figures as they should
1	Write the total price (include accessories, federal excise tax, freight a dealer preparation, and documentary fees).	_	have been filed
2	Total trade-in credit or value	2	2
3	Amount subject to tax - Subtract Line 2 from Line 1.	3	3
4	Tax - Multiply Line 3 by the correct tax rate. (_) 4	4
5	Use tax for certain districts - (see instructions) Write the name of the: a County b City c Township		5
6	Total tax - Line 4 plus Line 5		6
7	Retailer's allowance (See instructions.)		7
7а	MED fee (See instructions)		
8	Net tax due - Line 6 minus Line 7 plus Line 7a		8
9	Prior overpayment		9
10	Credit for previously paid tax (See instructions.)		10
11	Excess tax collected		11
12	Total tax due - Line 8 minus Line 9 minus Line 10 plus Line 11.		12
13	Credit memorandum		13
14	Net total due - Subtract Line 13 from Line 12.		14
15	Write the total amount you have paid. Compare Line 14, Column B, and Line 15. If Line 15 is greater than Line 14, Column B, write the difference of the state o	nce on Line 16.	15
16	Overpayment — This is the amount you have overpaid. Go to F	art 5 and sign this return.	16
17	Underpayment — This is the amount you have underpaid. Plea Go to Part 5 and sign this return. Make your check payable to "Illinois Department of R	17	
— Paı	rt 5: Sign below		
	er penalties of perjury, I state that I have examined this return an	d, to the best of my knowledge, it is	s true, correct, and complete.
 Owner	, partner, or officer's signature Title	Phone	Date
Paid p	reparer's signature Title	Phone	Date

ILLINOIS DEPARTMENT OF REVENUE Mail to:

PO BOX 19034

SPRINGFIELD IL 62794-9034

Please write the amount you are paying on the line provided in the "Read this information first" section on the front of this return.

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